

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/22/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155077		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R-C 11/14/2011	
NAME OF PROVIDER OR SUPPLIER LAKEVIEW MANOR				STREET ADDRESS, CITY, STATE, ZIP CODE 45 BEACHWAY DR INDIANAPOLIS, IN 46224			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
{F 000}	<p>INITIAL COMMENTS</p> <p>This visit was for the Post Survey Revisit (PSR) to the Investigation of Complaints IN00094814, IN00095455, IN00096396, and IN00096640 completed on 9-16 -11.</p> <p>This visit was in conjunction with the Investigation of Complaints IN00098288, IN00098714, IN00098526, and IN00099272.</p> <p>This visit was in conjunction with the Post Survey Revisit (PSR) to the Recertification and State Licensure Survey completed on 10-7-11. This visit included the PSR to the Investigation of Complaint IN00096702 completed on 10-7-11.</p> <p>Survey Dates: November 7,8,9,10,13, & 14, 2011</p> <p>Facility number: 000032 Provider number: 155077 AIM number 100273330</p> <p>Survey Team: Patti Allen, BSW, TC Elizabeth Kolasa, RN (November 7,8,9,10, 2011) Leia Alley, RN (November 7,8,9,10, 2011) Courtney Mujic, RN (November 7,8,9,10, 2011) Kim Perigo, RN (November 7,9,10, 2011)</p> <p>Census Bed Type: SNF: 23 SNF/NF: 120</p> <p>_____ Total: 143</p> <p>Census Payor Type: Medicare : 23</p>			{F 000}			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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{F 000}	<p>Continued From page 1</p> <p>Medicaid : 99 Other; 21</p> <hr/> <p>Total: 143</p> <p>Sample size: 14</p> <p>Lakeview Manor was found to be in compliance with 42 CFR Part 483, Subpart B and 410 IAC in regard to the PSR to the Investigation of Complaints IN00094814, IN00095455, IN00096396, and IN00096640 completed on 9-16-11.</p> <p>Quality review completed on November 21, 2011 by Bev Faulkner, RN</p>			{F 000}			